Fill in this info	ormation to identify your case:						
				eck one bo 2A-1Supp:	x only as d	irected in this form and	d in Form
Debtor 1	Angela Denise Abercrombie						
Debtor 2 (Spouse, if filing)				■ 1. There	is no pres	umption of abuse	
	s Bankruptcy Court for the: Southern District of	of Mississinni		□ 2. The c	alculation t	o determine if a presu	mption of abuse
Officed States	s bankruptcy Court for the. Southern District C	n Mississippi				nade under <i>Chapter</i> 7 cial Form 122A-2).	Means Test
Case numbe (if known)	r				`	,	
(ii kilowii)						does not apply now by service but it could a	
				☐ Check	if this is a	n amended filing	
Official I	Form 122A - 1						
Chapte	r 7 Statement of Your Cui	rent Mon	thly Inc	ome			12/19
attach a separa case number (i qualifying milit	e and accurate as possible. If two married people a ate sheet to this form. Include the line number to w if known). If you believe that you are exempted fro tary service, complete and file Statement of Exemp Calculate Your Current Monthly Income	which the addition of the manner of the mann	al information a of abuse becau	applies. On se you do r	the top of ai	ny additional pages, wri	te your name and or because of
1. What is	your marital and filing status? Check one or	 าly.					
■ Not i	married. Fill out Column A, lines 2-11.						
☐ Marr	ried and your spouse is filing with you. Fill ou	ut both Columns	A and B, lines	2-11.			
☐ Marr	ried and your spouse is NOT filing with you.	You and your s	pouse are:				
☐ Li	ving in the same household and are not lega	ally separated. F	ill out both Co	lumns A ar	nd B, lines 2	2-11.	
p	ving separately or are legally separated. Fill enalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated	under nonban	kruptcy lav	v that applie	es or that you and you	
101(10A). F the 6 month	verage monthly income that you received from all for example, if you are filing on September 15, the 6-m is, add the income for all 6 months and divide the total in the same rental property, put the income from that p	nonth period would I by 6. Fill in the res	be March 1 thro	ugh August 3 de any incon	31. If the amo	ount of your monthly incorpore than once. For examp	me varied during ple, if both
·				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
_	ross wages, salary, tips, bonuses, overtime, deductions).	and commissio	ns (before all	\$	0.00	\$	
	y and maintenance payments. Do not include B is filled in.	payments from a	a spouse if	\$	0.00	\$	
of you of from an and room	bunts from any source which are regularly pa or your dependents, including child support unmarried partner, members of your household mmates. Include regular contributions from a sp Do not include payments you listed on line 3.	Include regular d, your dependen	contributions its, parents,	\$	123.00	\$	
5. Net inc	ome from operating a business, profession,						
		Debt \$ 0.00	tor 1				
	eceipts (before all deductions)	-\$ 0.00					
	y and necessary operating expenses hthly income from a business, profession, or far		Copy here ->	\$	0.00	\$	
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J. 1101 1110	and office roal property	Debt	tor 1				
Gross re	eceipts (before all deductions)	\$ 0.00					
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7. Interest	t, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

Case number (if known)

8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Scraid Security Act. Instead, that it here:  For your spouse  9. Pension or retirement income. Do not include any amount received that was a benefit under the Scraid Security Act. Instead, that it here:  For your spouse  9. Pension or retirement income. Do not include any amount received that was a benefit under the Scraid Security Act. Also, except as stated in the next sentence, do undersically the state of the Scraid Security Act. Also, except as stated in the next sentence, do undersically the state of									
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you  9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annulty, or allowance paid by the United States of ord ord incrementation with a disability, combet reflected injury enter pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to him, low would otherwise be entitled in the pay and under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.  10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits neceleved use so tellised above. Specify the source and amount. Do not include any benefits neceleved use not the social Security Act; payments received use a vider of a war circle, a circle against humanity or internetional or domestic terrorism; or compensation pension, pay, simular, or allowance paid by the disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.  11. Calculate your cutset current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.  12. Calculate your current monthly income for the year. Follow these steps:  12. Calculate the median family income for the year. Follow these steps:  12. Calculate the median family income for the part of the form 12.  12. Calculate the median family income for the part of the form 12.  12. Calculate the median family income for the part of the form 12.  13. Secure of the part of the part of the part							Debtor 2 o		
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Debtor 1 Angela Denise Abercrombie

## 25-50827 Dkt 5 Filed 06/05/25 Entered 06/05/25 14:30:17 Page 3 of 4

Debtor 1	Angela Denise Abercrombie	Case number (if known)	
	MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form.		

Debtor 1 Angela Denise Abercrombie	Case number (if known)	
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# **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 12/01/2024 to 05/31/2025.

#### Line 4 - Contributions to household expenses of the debtor or dependents

Source of Income: **SNAP** 

Constant income of \$123.00 per month.

### Non-CMI - Social Security Act Income

Source of Income: **SSI** 

Constant income of \$967.00 per month.